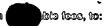
Complete and mail this form, together with



Box ISSUE FEE Assistant Commissioner for F Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

J WINSLOW YOUNG PO BOX 1088 CENTERVILLE UT 84014-5088



Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

(Depositor's name)

,	Filte PADESARY OF		27 May 1999 (Date) 49		
APPLICATION NO. FILING DATE		TOTAL CL	AIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/707,991	03/11/96	028	REIP, D	37	731 05/17/99
First Named BRYAN,		35 (JSC 154(b)	term ext = 'o	Y

TITLE OF SPINAL FIXATION APPARATUS AND METHOD INVENTION

ATVY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE		
3 4	606-061.00	00 T14	UTILI	TY YES	\$605.00	08/17/99		
Change of correspondence address Use of PTO form(s) and Customer N	(1) the names	ing on the patent front page, list less of up to 3 registered patent 1 J. WINSLOW YOUNG or agents OR, atternatively, (2)						
PTO/SB/122) attached.				the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached.								
3. ASSIGNEE NAME AND RESIDENCE PLEASE MOTE: Unless an assigner inclusion of assignee data is only at the PTO or is being submitted under filing an assignment. (A) NAME OF ASSIGNEE	e is identified below, no assign ppropiate when an assignment	Advance Order - # of Copies 10						
(B) RESIDENCE: (CITY & STATE C	on the patent)	4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER						
☐ Individual ☐ corporation or other private group entity ☐ government				Advance Order - # of Copies				
The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.								
(Authorized/Signature)	James	7 27/ 27/	May 99					
NOTE/The Issue Fee will not be accepted from anyone other than the applicant; a registere or agent; or the assignee or other party in interest as shower by the records of the Patent and Trademark Office.				C5/02/1933 Bilenti C5000051 C0707301				
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time depending on the needs of the individual case. Any comments on the amount of time to complete this form should be sent to the Chief Information Officer, Patent and Tra Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissi Patents, Washington D.C. 20231				OI FC:242 OZ FC:531	071VED A 2 1999	695.69 (? 39.69 (?		

Publishing Division.

of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection